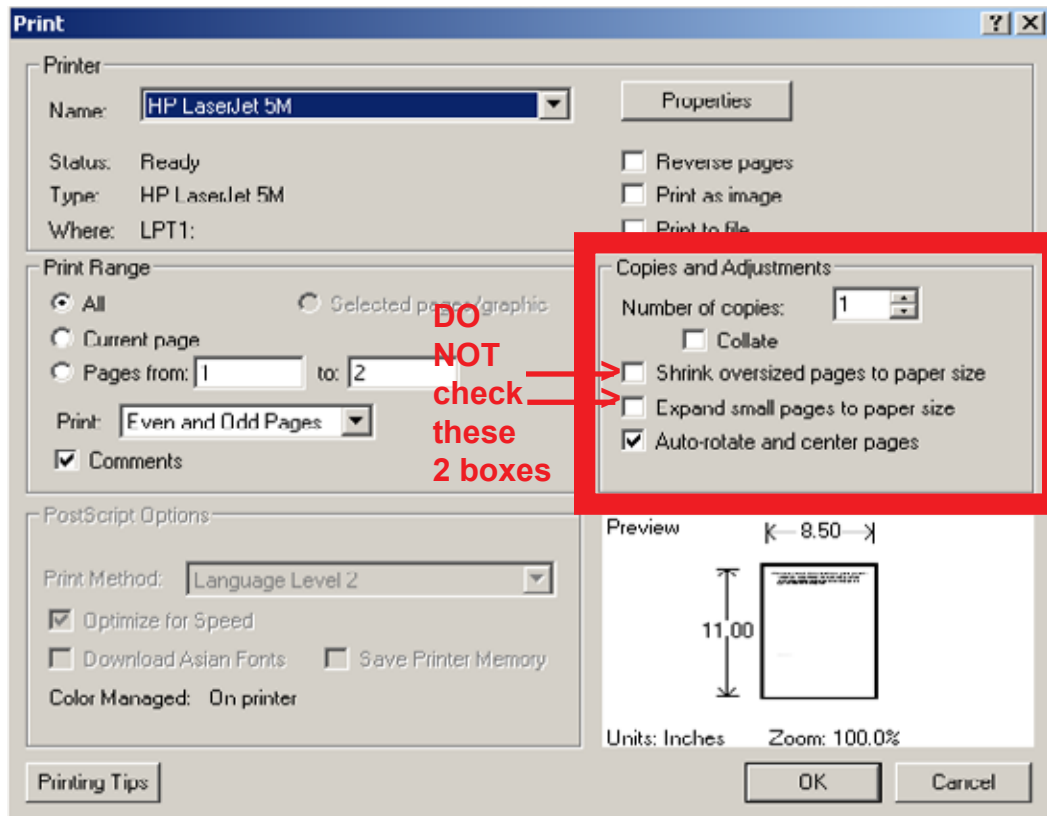


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or



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A. Contents:

Veterinary Medication Clerk Application Packet

1. 672-038 ... Contents List/SSN Information/Deposit Slip 1 page
2. 672-048 ... Veterinary Medication Clerk Model Training Program..... 6 pages
3. 672-040 ... Application For Registration For Veterinary Medication Clerk 4 pages
4. 672-049 ... Sponsoring Veterinarian Affidavit—Veterinary Medication Clerk 2 pages
5. WAC 246-937 Registered Veterinary Medication Clerks 3 pages

B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional registration can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional registration and your application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099**.



Cut along this line and return the form below with your completed application and fees.



Veterinary Medication Clerk

DEPOSIT SLIP

NAME (Please Print) _____

DATE _____

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

Please note amount enclosed, and return
with your application.

\$

- ☐ Check
☐ Money Order

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Veterinary Medication Clerk

The role of Veterinary Medication Clerks (VMC) allows licensed veterinarians in the state of Washington to delegate specific pharmaceutical responsibilities associated with the distribution of prescription medications.

Attached are several items to assist you in completing the application and training process for Veterinary Medication Clerk registration. Items marked with an * are to be returned to this office with the required application fee:

Introduction

Training Requirements

* Application for Registration

* Sponsoring Veterinarian Affidavit

AIDS Education Requirements and Outline of HIV/AIDS Curricular Topics

* AIDS Education Affidavit

Chapter 246-937 WAC—Certified Veterinary Medication Clerks

AIDS Education Requirements For Health Related Professions

The department of Health has been charged with implementing the mandatory AIDS Bill (ESSB 6221). All health related professions under the disciplinary authority of the Uniform Disciplinary Act (RCW 18.130) are affected.

Beginning on September 1, 1989, new applicants for veterinarian licensing, animal technician registration and Veterinary Medication Clerk certification will be required to provide certification of having met the educational requirement. The department will accept courses taken since January 1, 1987 which fulfill the requirements of hours and topics.

You are required to have a minimum of 4 contact hours of education in the following six topics: Etiology and Epidemiology of HIV, Transmission and Infection Control, Testing and Counseling, Clinical Manifestations and Treatment, Legal and Ethical Issues—to include Confidentiality, and Psychosocial Issues to include special population considerations.

Acceptable Education: The Board of Veterinary Governors will accept education that is consistent with the topical outline provided in the AIDS Education and Training Attestation (Number 7 on the application).

Fee Schedule

Initial Application-----	\$30.00
Renewal (Due annually on date of birth) -----	30.00
Late Renewal Penalty (If not renewed for one renewal cycle)-----	30.00
Expired Registration Reissuance (If expired for more than one renewal cycle)-----	30.00
Duplicate Registration-----	15.00

Applications and fees are to be sent to: Department of Health
Veterinary Medication Clerk Program
PO Box 1099
Olympia, WA 98507-1099

Should you have any questions, please feel free to contact the Customer Service Center at (360) 236-4700.

Veterinary Medication Clerk Model Training Program

(Adopted November 1, 1993)

Introduction

I. Purpose

A. On-the-Job Training Program

The purpose of this program is to provide a policy to be used by the Sponsoring Veterinarian in formulating training criterion for those persons who apply for registration as a Veterinary Medication Clerk. The Sponsoring Veterinarian should ensure that training will provide the applicant with the skills necessary for the competent performance of certain delegated tasks relative to handling legend medications and medication orders.

B. Of Law

In compliance with RCW 18.92.015, this document is intended to provide a mechanism whereby a licensed veterinarian can qualify a person to be registered as a Veterinary Medication Clerk through a board-approved training program.

C. Accountability

It shall be clearly understood and acknowledged that the ultimate responsibility and liability for the training, qualification and supervision of the Veterinary Medication Clerk rests with the licensed veterinarian as defined in Section IV.

II. Laws

A. RCW

1. 18.92 Veterinary Medicine, Surgery and Dentistry
2. 69.41 Legend Drugs—Prescription Drugs
3. 69.50 Uniform Controlled Substances Act

B. WAC

1. 246-937 Veterinary Medication Clerks
2. 246-935 Veterinary Technicians

III. Authorized Pharmaceutical Tasks—Supervision Requirements

A. Direct Supervision by a Licensed Veterinarian

The veterinarian is on the premises and is quickly and easily available.

1. Selecting the Medication
2. Counting of Medication
3. Labeling of Medication
4. Packaging of Medication

B. Indirect Supervision by a Licensed Veterinarian

The veterinarian is not on the premises, but has given either written or verbal instructions with regard to the handling of the medication.

*Note: The requirements in (B) above are to be construed as **minimal requirements**. At the discretion of the Sponsoring Veterinarian, these tasks can be required to be delegated under*

IV. Definitions

A. For the purposes of this manual the following definitions are used:

1. **Sponsoring Veterinarian**—The licensed veterinarian charged with the responsibility of administering the training program.
2. **Supervising Veterinarian**—The licensed veterinarian who has the responsibility of direct or indirect supervision of the registered Veterinary Medication Clerk.
3. **Sponsoring Practice**—The practice wherein the applicant is trained for and registered as a Veterinary Medication Clerk.
4. **Dispensing Veterinarian**—The licensed veterinarian who has primary responsibility for the care and treatment of a patient.

V. Outline of HIV/AIDS Curricular Topics

A. Etiology and Epidemiology of HIV

1. Etiology
2. Reported AIDS cases in the United States and Washington State.
3. Risk groups/behaviors

B. Transmission and Infection Control

1. Transmission of HIV
2. Infection Control Precautions
3. Factors affecting risk for transmission
4. Risk for transmission to health care worker

C. Testing and Counseling

1. HIV test information
2. Pre-test counseling
3. Post-test counseling

D. Clinical Manifestations and Treatment

1. Clinical manifestations of HIV infection
2. Case management
3. Physical care
4. Psychosocial care
5. Home care
6. Resources

E. Legal and Ethical Issues

1. Confidentiality as defined in the AIDS omnibus bill
2. Informed consent
3. Legal reporting requirements
4. Ethical issues
5. Civil rights

F. Psychosocial Issues

1. Personal impact of HIV continuum
2. The human response to death and dying
3. Issues for care providers
4. Family issues
5. Special populations

Training Requirements

VI. Definitions, Abbreviations, and Calculations

A. Definitions

The applicant should be familiar with the following terms and their meanings:

1. Drug

- a. Substances recognized in the Official United States Pharmacopoeia or the Official Homeopathic Pharmacopoeia of the United States;
- b. Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals;
- c. Substances (other than food) intended to affect the structure of any function of the body of man or animals; or
- d. Substances intended for use as a component of any substances specified in a., b., or c. above, but not including devices or the component parts or accessories.

2. Controlled Substance

- a. A drug, substance or immediate precursor in Schedules I through V or Article II (RCW 69.50.101).

3. Brand Name

- a. The proprietary or trade name selected by the manufacturer and placed upon a drug, its container, label, or wrapping at the time of packaging.

4. Generic Name

- a. The non-proprietary name of a drug or drug ingredients.

5. Legend Drug

- a. Any drug which is required by federal or state law or regulation of the State Board of Pharmacy to be dispensed on prescription only or restricted to the use by practitioners only.

B. Abbreviations

1. The Veterinary Medication Clerk should be knowledgeable as to the abbreviations applied to pharmacy procedures and any practice-specific abbreviations used within the sponsoring practice.
2. The following list of abbreviations constitutes the minimum basis for knowledge of abbreviations:

b.i.d. Twice a day	tblsp Tablespoon
t.i.d. Three times a day	ml Milliliter (cc)
q.i.d. Four times a day	cc Cubic centimeter (ml)
q. 4 hr, etc. ... Every 4 hours, etc.	mg Milligram
Sig Directions for use	gm Gram
o.u. Both eyes	kg Kilogram
o.s. Left eye	oz Ounce
o.d. Right eye	pt Pint
> Greater than	u Unit
< Less than	I.U. International units
q.s. Quantity sufficient for total finished volume	prn As needed
	tsp Teaspoon

3. The following list constitutes the minimum basis for knowledge of apothecary equivalents:

15 mg	= 1/4 grain (gr)	5 ml	= 1 tsp
30 mg	= 1/2 gr	28 ml	= 1 ounce (oz)
1 gr.....	= 65 mg	1 oz	= 28 gm
20 drops.....	= 1 ml	1 kg	= 2.2 lb. (#)

4. The following abbreviations constitute the minimum basis for knowledge of routes of administration:

I.M.....	Intramuscular(ly)	P.O.	Per os (by mouth)
S.C. or S.Q.	Subcutaneous(ly)	Topical.....	On the surface of the body
I.P.....	Intra peritoneal(ly)	Orally	By mouth
I.V.....	Intravenous(ly)	Parenteral	Refers to injection of drugs into a patient's body

C. Calculations

1. The applicant should have adequate mathematical skills in order to perform necessary calculations when filling a medication order.
 - a. The applicant should be tested for calculation competency by utilizing sample problems such as:
 - 1.) Calculate the number of 100 mg tablets necessary to treat an animal weighing 22 pounds for 10 days at a dosage rate of 10mg/kg. b.i.d.

2. Counting, Labeling, and Packaging

- a. The applicant should be familiar with the sponsoring practice's protocol with regard to the logistics of counting, labeling, and packaging.
- b. Counting, labeling and packaging shall be performed under the direct supervision of the supervising veterinarian or the dispensing veterinarian when such tasks are performed by an applicant, registered Veterinary Medication Clerk, or registered Veterinary Technician (per RCW 18.92).
- c. Labeling and packaging shall be performed according to the applicable section of RCW 69.41.050. Such labeling and packaging includes, but is not limited to the following:
 - 1) Name of the client and identification of the animal
 - 2) Date dispensed
 - 3) Complete directions for use including route
 - 4) Name and strength of drug
 - 5) Name of prescribing veterinarian
 - 6) Amount of drug dispensed
 - 7) Name and address of prescribing veterinarian
- d. A review of the packaging protocol of the sponsoring practice, including but not limited to: the use of child-proof containers, methods for proper handling of dispensed medication (i.e., must be refrigerated, shake well before using, etc.) shall be part of the training process.

Note: Additionally, a record of all drugs administered or dispensed shall be kept in the client's record. The Veterinary Medication Clerk should assure that an entry is made by the dispensing veterinarian in the appropriate record.

3. Ordering, Stocking, Inventory and Delivery of Medications

- a. Ordering, stocking, inventory and delivery of medications may be performed under the indirect supervision of the dispensing veterinarian or the supervising veterinarian.

- b. Medication can be delivered **only** after a final check of the packaged medication by the supervising veterinarian or dispensing veterinarian. The final check shall include, but not be limited to, assurance as to the proper medication, the appropriate patient/client, the amount and strength of the medication, the correct directions for use and proper packaging.
 - c. A review of the sponsoring practice's protocol for ordering, stocking and inventory should be conducted by the supervising veterinarian for any applicant, registered Veterinary Medication Clerk, or registered Veterinary Technician who shall have responsibility for those duties.
4. Medication Categories
- a. Medications can be prescribed only by a licensed veterinarian, but the applicant, registered Veterinary Medication Clerk, or registered Veterinary Technician should be familiar with the names of the commonly dispensed drugs in the sponsoring practice. A review of the drugs utilized in the sponsoring practice and knowledge of the category under which they fall is required. Such a list of categories includes, but is not limited to:

1) Antibiotics	7) Anthelmintic Drugs
2) Cardiac Drugs	8) Topical Medications
3) Diuretics	9) Anti-inflammatory Drugs
4) Hormones	10) Otic Preparations
5) Sedatives/Tranquilizers	11) Ophthalmic Preparations
6) Anti-fungal Drugs	
5. Excluded Tasks
- a. The supervising veterinarian, dispensing veterinarian, applicant, registered Veterinary Medication Clerk, and registered Veterinary Technician **must be aware that the following functions cannot be delegated by the veterinarian to any non-veterinarian.**
 - 1) Consultation with a client regarding the medication order and/or any information involving professional clinical judgment.
 - 2) Delivery of any medication without the authority of the supervising or dispensing veterinarian.
 - 3) Delivery of any medication without written authority being entered in the patient's record by the dispensing veterinarian.
 - 4) Interpretation and/or identification of the contents of a prescription document. This means the dispensing veterinarian is responsible for assuring the correct medication is dispensed.
 - 5) Determination of the product dispensed.
 - 6) Extemporaneous compounding of a medication order.
 - 7) Interpretation of data in a patient record.
 - 8) Any duties required by law to be performed by a licensed veterinarian.
 - 9) Class I, II, III, IV, or V controlled substances are not included in, and are specifically excluded from, any duties that a registered Veterinary Medication Clerk or Veterinary Technician may perform.



For Office Use Only	
ISSUANCE DATE:	
CREDENTIAL NO:	

Credential #

IMPORTANT		
Submit all Supporting Documentation to: HPQAD PO Box 47868 Olympia, WA 98504-7868	Fees Payable to: Department of Health Revenue Section	Submit Fees to: HPQAD PO Box 1099 Olympia, WA 98507-1099

Application For Registration For Veterinary Medication Clerk

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. All fees are non-refundable.

1. Demographic Information

APPLICANT'S NAME		LAST	FIRST	MIDDLE INITIAL
MAILING ADDRESS				
CITY		STATE	ZIP	COUNTY
TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.) ()		RESIDENCE TELEPHONE ()	SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and chapter 26.23 RCW) — —	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE (MO/DAY/YR) / /	PLACE OF BIRTH (CITY/STATE)		<div>Attach Current Photograph Here. Indicate Date Taken and Sign in Ink Across Bottom of the Photo. NOTE: Photograph Must Be: 1. Original, not a photocopy 2. No larger than 2" X 2" 3. Taken within one year of application 4. Close up, front view—not profile 5. Instant Polaroid Photographs not acceptable</div>
Have you ever applied for a Washington credential before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list date(s):				
Have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list.				
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	

2. Sponsor Information

Sponsoring Practice/Clinic		
Sponsoring Veterinarian's Name		
Practice/Clinic address		
CITY	STATE	ZIP
Practice/Clinic Telephone		

3. Education

In the spaces below, provide a chronological listing of your educational preparation, including high school.

SCHOOLS ATTENDED FULL NAME, CITY AND STATE	YEAR GRADUATED	DATE EQUIVALENCY OBTAINED

4. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐
- "Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
- 1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
- 1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.
- (If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)
2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐
- "Currently"** means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.
- "Chemical substances"** includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐
4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐
- "Currently"** means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.
- "Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.
- Note:** If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department does criminal background checks on all applicants.
5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:
- a. the use or distribution of controlled substances or legend drugs?..... ☐ ☐
- b. a charge of a sex offense?..... ☐ ☐
- c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)..... ☐ ☐
6. Have you ever been found in any civil, administrative or criminal proceedings to have:
- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☐
- b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☐
- c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☐
9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☐ ☐

5. Professional Experience

List in chronological order all professional experience and practice from date of graduation from high school. Include the month/day/year in chronological order. (Attach additional 8 1/2 X 11 sheet if necessary.)

EMPLOYER'S NAME AND ADDRESS	DESCRIPTION OF WORK	INCLUSIVE DATES OF EXPERIENCE	
		BEGINNING DATE	ENDING DATE

6. AIDS Education and Training Attestation

I certify I have completed the minimum of 4 hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and the psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my certification may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE

7. Applicant's Attestation

I, _____, certify that I am the person described and identified
Name of Applicant

in this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act, and that I have answered all questions truthfully and completely and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my credential to practice in the State of Washington.

SIGNATURE OF APPLICANT

DATE

Official Use Only
Washington State Records Center



Health Professions Quality Assurance
PO Box 47868
Olympia, WA 98504-7868

Sponsoring Veterinarian Affidavit Veterinary Medication Clerk

(Please Type or Print in Ink)

1. Applicant's Name _____

2. Sponsoring Veterinarian's Name _____

3. Name of employing veterinary clinic/hospital _____

Address of employing veterinary clinic/hospital _____

City _____ State _____ Zip _____

4. Duties and responsibilities of Veterinary Medication Clerk applicant _____

5. Required training and instruction was received in the following areas as outlined in the Veterinary Medication Clerk Model Training Program.

Definitions—Applicant must be able to define the following:

☐ Drug ☐ Brand Name ☐ Legend Drug ☐ Controlled Substance ☐ Generic Name

Abbreviations—Applicant must be familiar with the following:

☐ Pharmacy ☐ Practice ☐ Routes of Administration ☐ Apothecary Equivalents

Calculations—Applicant must be familiar with the following:

☐ Quiz on Calculation Competency
☐ Procedures Concerning Counting, Labeling, and Packaging Requirements
☐ Supervision and Protocol Requirements for Ordering, Stocking, Inventory and Delivery of Medications.

Medication Categories—Applicant must be familiar with the drugs utilized in the sponsoring practice and have _____ knowledge of the category under which they fall. ☐ Yes ☐ No

Excluded Tasks—Applicant is aware of the functions which **cannot** be delegated by the veterinarian to any non-veterinarian. ☐ Yes ☐ No

The boundaries of direct and indirect supervision were discussed with the applicant. ☐ Yes ☐ No

6. Applicant has a high school graduation or equivalency. ☐ Yes ☐ No

Sponsoring Veterinarian Signature

I, the undersigned, attest that I am the person described and identified as the Sponsoring Veterinarian in this application for registration as a Veterinary Medication Clerk in the state of Washington, and that I have supervised the training of the above named applicant according to the Veterinary Medication Clerk Model Training Program which was adopted by the Veterinary Board of Governors on November 1, 1993.

I affirm that Class I, II, III, IV, or V controlled substances are not included in, and are specifically excluded from, any duties that a registered Veterinary Medication Clerk may perform.

I understand that the Department may require additional information from me, and that if I provide false or incomplete information the application or registration may be denied, or the registration ultimately suspended or revoked.

SIGNATURE OF SPONSORING VETERINARIAN

Chapter 246-937 WAC

REGISTERED VETERINARY MEDICATION CLERKS

Last Update: 5/7/02

WAC SECTIONS

- 246-937-010 Definitions.
- 246-937-020 Responsibility for supervision.
- 246-937-030 Tasks and prohibited functions.
- 246-937-040 Training and education.
- 246-937-050 Applications.
- 246-937-060 Transfer of registration.
- 246-937-070 Termination of sponsorship.
- 246-937-080 HIV/AIDS prevention and information education requirements.
- 246-937-090 Grounds for denial, suspension, or revocation of registration.
- 246-937-110 Exemption.
- 246-937-990 Veterinary medication clerk fees and renewal cycle.

DISPOSITIONS OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 246-937-100 Renewal of certification. [Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-100, filed 1/31/95, effective 3/3/95.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

WAC 246-937-010 Definitions. (1) “Registered veterinary medication clerk” means any person who has met the requirements for registration as established by the veterinary board of governors (board) and WAC 246-937-040.

(2) “Direct supervision” means the supervising licensed veterinarian is on the premises and is quickly and easily available.

(3) “Indirect supervision” means the supervising licensed veterinarian is not on the premises, but has given either written or oral instructions regarding policies and procedures for the handling of legend drugs.

(4) “On-the-job training program” means a program following the guidelines approved by the board.

(5) “Supervising veterinarian” means the licensed veterinarian who is responsible for closely supervising the registered veterinary medication clerk while performing daily duties.

(6) “Sponsoring veterinarian” means the licensed veterinarian who is responsible for training and reviewing the work of a registered veterinary medication clerk. An appropriate degree of supervision is involved.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-010, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-010, filed 1/31/95, effective 3/3/95.]

WAC 246-937-020 Responsibility for supervision. Licensed veterinarians are responsible and accountable for the ordering, inventory, labeling, counting, packaging and delivery of legend drugs utilized in their practice. In accordance with chapter 18.92 RCW, certain nondiscretionary pharmaceutical tasks may be delegated by a veterinarian to a qualified non-veterinarian. The delegating veterinarian is responsible for the supervision of pharmaceutical tasks performed by veterinary medication clerks and veterinary technicians. Records shall be maintained that account for the receipt and disposition of all legend drugs. A registered veterinary medication clerk may be supervised by a licensed veterinarian other than the sponsor subject to the sponsoring veterinarian’s approval. The sponsoring veterinarian shall be primarily responsible for the performance and acts of the registered veterinary medication clerk.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-020, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-020, filed 1/31/95, effective 3/3/95.]

WAC 246-937-030 Tasks and prohibited functions. (1) A registered veterinary medication clerk may perform the following tasks only under the direct supervision of a licensed veterinarian: Counting, labeling, and packaging of legend drugs. A licensed veterinarian must personally inspect all packaged medication orders to ensure the accuracy of the order prior to delivery to the client. The licensed veterinarian will document the medication inspection by placing his/her initials in the patient's record.

(2) A registered veterinary medication clerk may perform the following tasks under the indirect supervision of a licensed veterinarian: Ordering, stocking, inventorying, and the delivery of legend drugs. The identity of the client must be confirmed before the delivery of legend drugs.

(3) The following functions must not be delegated by a licensed veterinarian to a registered veterinary medication clerk:

(a) Consultation with a client regarding the medication order and/or any information involving professional clinical judgment.

(b) Dispensing any medication. The medication must be recorded in the patient's record by the authorizing veterinarian.

(c) Extemporaneous compounding of a medication order.

(d) Interpretation of data in a patient record.

(e) Final inspection of a completed medication order as described in WAC 246-937-030(1).

(f) Any duties required by law to be performed by a licensed veterinarian.

(g) Any ordering, accountability, packaging, or delivery of controlled substances as defined in or under chapter 69.50 RCW.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-030, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-030, filed 1/31/95, effective 3/3/95.]

WAC 246-937-040 Training and education. (1) The training of veterinary medication clerks must be obtained by completion of an on-the-job training program following guidelines approved by the board.

(2) The minimum educational requirement must be high school graduation or equivalency.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-040, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-040, filed 1/31/95, effective 3/3/95.]

WAC 246-937-050 Applications. In addition to the requirements of chapter 246-12 WAC, Part 2, the application must be signed by the sponsoring veterinarian attesting that the applicant is qualified to perform the responsibilities of a registered veterinary medication clerk and is familiar with the procedures and policies of the practice. Registration is valid only for employment at the veterinary practice identified in the application and/or pursuant to WAC 246-937-020.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-050, filed 5/7/02, effective 6/7/02. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-937-050, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-050, filed 1/31/95, effective 3/3/95.]

WAC 246-937-060 Transfer of registration. In the event that a veterinary medication clerk who is currently registered, desires to be sponsored by another licensed veterinarian, application for transfer of registration must be made on forms provided by the board and be subject to the board's approval.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-060, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-060, filed 1/31/95, effective 3/3/95.]

WAC 246-937-070 Termination of sponsorship. Upon termination of the working relationship, between the registered veterinary medication clerk and the sponsoring veterinarian, the sponsoring veterinarian shall notify the board in writing.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-070, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-070, filed 1/31/95, effective 3/3/95.]

WAC 246-937-080 HIV/AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-937-080, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-080, filed 1/31/95, effective 3/3/95.]

WAC 246-937-090 Grounds for denial, suspension, or revocation of registration. The board may suspend, revoke or deny the issuance or renewal of registration of any veterinary medication clerk and file its decision in the secretary's office if the veterinary medication clerk:

- (1) Has employed fraud or misrepresentation in applying for or obtaining the registration;
- (2) Has within ten years prior to the date of application been found guilty by any court of competent jurisdiction of violation of laws relating to the practice of veterinary medicine, surgery and dentistry, including, but not limited to:
 - (a) State or federal laws relating to the regulation of drugs;
 - (b) Chronic inebriety;
 - (c) Cruelty to animals;
- (3) Has violated or attempted to violate any provision of chapter 18.92 RCW or any rule or regulation adopted pursuant to that chapter;
- (4) Has assisted, abetted or conspired with another person to violate chapter 18.92 RCW, or any rule or regulation adopted pursuant to that chapter;
- (5) Has performed any animal health care service not authorized by WAC 246-937-030.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-090, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-090, filed 1/31/95, effective 3/3/95.]

WAC 246-937-110 Exemption. All employees, including but not limited to, animal health technicians, employed by research facilities or other testing or educational businesses or institutions, shall be exempt from the provisions of this chapter provided, that said employees are under the direct supervision of licensed veterinarians and further, that animals being treated, tested or utilized are not client-owned animals.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-110, filed 1/31/95, effective 3/3/95.]

WAC 246-937-990 Veterinary medication clerk fees and renewal cycle. (1) Registrations must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Initial registration.....	\$30.00
Renewal.....	30.00
Late renewal penalty	30.00
Expired registration reissuance	30.00
Duplicate registration.....	15.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp. s. c 7 and RCW 18.92.125. 01-23-101, § 246-937-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-937-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 34.05 RCW. 94-19-098, § 246-937-990, filed 9/21/94, effective 10/22/94.]